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## Stephen McCaffrey: The truth about mental health and violence

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Written by  
Stephen C. McCaffrey

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Our sadness is without measure in the wake of the Sandy Hook tragedy, as it was before with so many other tragedies -- whether it was at a Batman movie, a shopping mall, a college campus or a congressional forum.

Marion County Sheriff John Layton recently stated in a letter to the editor in The Star that 40 percent of Marion County inmates are on psychotropic medications. A federal court judge recently ruled that the Indiana Department of Correction must provide additional resources to prisoners who are not receiving adequate mental health treatment in correctional facilities. The headlines are full of the impact of untreated mental illness.

We live in a violent society. Rates of homicide and other violent deaths in the United States dramatically exceed those of any other industrialized, high-income nation. Diagnosable mental health

conditions are not the cause of violence in the United States, but oftentimes the result of it. The trauma that results from violence may in fact be a significant precursor to the development of many mental and substance use conditions.

Persons with severe mental illnesses are much more likely to be victims rather than perpetrators of violence -- as they can be easy prey to violence. Some live a marginalized existence as a result of mental illness and subsequent loss of income and assets, and may become targets for theft, mugging and

rape. Incarceration of large numbers of people with mental and substance-use conditions in county jails and correction facilities may subject them to isolation or, worse, violent victimization. The plight of thousands of individuals in Indiana, who are both homeless and have a mental health or substance-use condition, is exacerbated by a high incidence of violent acts against them. These circumstances cannot

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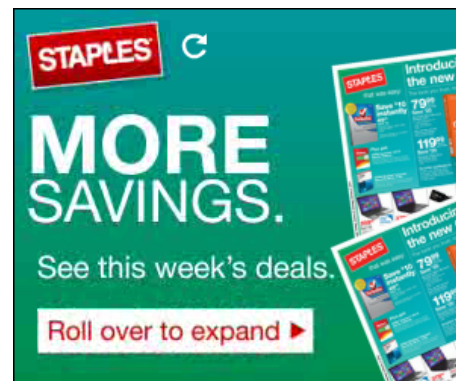
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help but leave a lasting impact on their emotional health.

People with mental health conditions alone are no more likely to be violent than other people. A 2009 study published in the Archives of General Psychiatry found that mental illness alone is not an adequate basis for a prediction of dangerousness, as "the incidence of violence was higher for people with severe mental illness, but only significantly so for those with co-occurring substance abuse and/or dependence. . . severe mental illness alone did not predict future violence; it was associated instead with historical (past violence, juvenile detention, physical abuse, parental arrest record), clinical (substance abuse, perceived threats), dispositional (age, sex, income), and contextual (recent divorce, unemployment, victimization) factors."

Of course, some people with serious mental illnesses -- as well as people without mental illness -- are violent, but people with a record of past violence, juvenile detention, physical abuse as a child, or a parent with an arrest record is a better predictor.

The Surgeon General's Report on Mental Health concluded that the contribution of mental health conditions to violence in our society is very small. The greatest risk of violence is from individuals who have an untreated or undertreated substance use disorder either solely or in combination with a mental health condition. Successful treatment ameliorates the risk of violence. Engaging persons in evidence-based care so that they fully participate and implement a meaningful treatment plan is the key to successful treatment.

Readily available, high-quality, evidence-based, culturally and linguistically competent preventive and therapeutic services and supports for mental and substance use conditions offer the greatest promise of preventing violent behavior. Mental Health America is committed to the development of public policies and allocation of public resources to foster access to preventive as well as therapeutic services that can both prevent violence and reduce the fear of violence.

The implementation of the Affordable Care Act is critical to making this possible, as included in ACA is the provision of mental health and substance abuse parity. If implemented properly, the ACA could provide the necessary services to those in need of behavioral health services in a way that is comparable to physical health services. As has been said above, this is important as substance abuse services are critical to those who have a co-occurring mental illness. Similarly, specialty services for children with trauma must be included. As the state begins implementation, we must insist on a robust package of behavioral health services for children and adults that includes a medication benefit that makes certain that everyone is able to obtain the medicine that is so critical to their recovery. Workforce development will be an issue that must be resolved as well, as the need for mental health and addiction professionals will greatly exceed their availability. Educational assistance for these professions might be indicated.

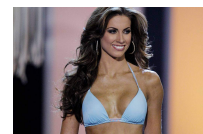
Early identification and intervention are critical to effective treatment,

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but also assist in the identification of future behavioral health issues that might become problematic or violent. Under the leadership of state Rep. Robert Behning, R-Indianapolis, and now Secretary of State (former state senator) Connie Lawson, the 2005 Indiana General Assembly passed SEA 529, which brought together the Department of Education, Department of Child Services, Department of Correction, the Division of Mental Health, Medicaid, and the Department of Health to develop a Children's Social, Emotional, and Behavioral Health Plan to provide comprehensive mental health prevention, early intervention and treatment services for children up to age 22. The state needs to refocus its attention on this plan to augment early identification, intervention and prevention of mental illness for our children. Treatment will be enhanced and violence can be prevented.

Evidence-based treatment and preventive services have been shown to truly make a difference in people's lives. Treatment has been shown to increase resiliency, to increase an individual's ability to deal with stress and conflict, and thus, reduce the risk of violence. More broadly, policies are needed that promote prevention and treatment -- both for people in mental health crisis and for the general population. The broader goal is to foster mental wellness in everyone.

Guns? Violent video games? Prisons? Certainly, the time has finally come to make mental health and addiction treatment a state and national priority.

That should be the real headline -- and, truthfully, it already is.

**McCaffrey is president and chief executive officer of Mental Health America of Indiana.**

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